



KANSAS NURSE AIDE Task Checklist for Employment Verification

This checklist is to be used for individuals who are certified in Kansas. It is not to be used for individuals certified in another state. They need to contact Health Occupations Credentialing (785-296-1250) to find out if they are eligible to sit for the state test.

Please use this checklist to evaluate the skills of inactive certified nurse aides. Certified nurse aides are inactive if they have performed no nursing or nursing-related duties in 24 consecutive months.

This checklist must be administered by a licensed Registered Nurse.

All skills must be performed satisfactorily to qualify for verification on the Kansas Nurse Aide Registry. The Registered Nurse may provide additional training for items which were not satisfactorily performed and repeat those specific items on the checklist.

Resident Care	Date
1. Describe the nurse aide's responsibilities in health care delivery and identify who is responsible for the actions of the nurse aide.	
2. Describe how professional attitude and behavior enhance communication among trainee, resident, resident's family and staff. Give examples or demonstrate.	
3. Describe how the nurse aide promotes independence and resident's rights. Discuss resident's right to be free of abuse, neglect or exploitation. Describe how the CNA protects residents from abuse, neglect and exploitation.	
4. Describe safety precautions to avoid resident injuries. Describe disaster and/or fire escape plan.	
5. Demonstrate practices that reduce the transfer of infection: in resident's living area, bathroom, disposal of soiled articles, and cleaning equipment after resident use (standard/universal precautions).	
6. Demonstrate effective hand washing techniques following all rules of asepsis, including washing hands when entering and leaving the resident's room.	
7. Use disposable gloves when in contact with body fluids (blood, urine, vomitus, excrement, saliva).	
8. Demonstrate feeding techniques. Identify safety measures, encouraging independence and how to promote fluid intake.	
9. Assist or provide a bath using shower, tub, sponge, or bed bath while providing: (a) privacy, (b) safety, (c) comfortable room and water temperature.	
10. Assist and/or dress/undress, allowing for appropriate personal choices while encouraging independence.	
11. Assist with urination and bowel elimination needs; provide for safety and privacy while using the toilet, commode, bedpan, or urinal. Demonstrate perineal cleansing to prevent genitourinary infections.	
12. Demonstrate safe transfer, using the gait belt and/or mechanical lift from: (1) bed to chair, (2) chair to toilet/commode. Identify important body mechanics for personal and resident safety.	
13. Demonstrate (1) logroll to side of bed, (2) turn, reposition, (3) up to sitting position.	
14. Assist with ambulation, utilizing assistive devices when needed.	
15. Simulate the abdominal thrust (Heimlich maneuver) technique.	
16. Assist and/or provide grooming assistance for resident including: oral care—mouth, gums, teeth, or dentures; nail soaking, cleaning, filing; hair brushing and/or combing; beard care or shaving; selecting appropriate dress for resident's choice and activities.	
17. Describe and demonstrate skin care. Describe when, what and to whom observations need to be reported.	
18. Demonstrate accurate measurement and recording of weight and height measurement and recording of vital signs: (1) temperature, (2) pulse, (3) respirations, (4) blood pressure. Report to supervisor any change in resident's measurements.	

Facility Information

Name of Facility Where Administered _____

Facility License Number _____ Location of Facility _____

Street

City

State

Applicant Information

Name _____ Social Security Number _____

Kansas (CNA) Certificate Number _____ Other Names Used _____

Birthdate ____/____/____ Current Address _____

RN Information

I certify that I administered the Task Checklist to the individual named above, and all skills were satisfactorily demonstrated.

Name _____ License Number _____ State _____

Signature _____ Date _____

Please return original to: Kansas Department of Health and Environment, Health Occupations Credentialing, 1000 S.W. Jackson, Suite 330, Topeka, Kansas 66612-1365

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